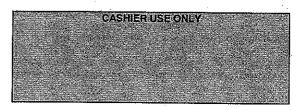


Washington State Department of Agriculture Food Safety & Animal Health Division Office of the State Veterinarian PO Box 42577 Olympia WA 98504-2577 (360) 902-1878



4003

APPLICATION FOR AN INDEPENDENT COLLECTOR LICENSE

FEE: \$50.00

		APPLICANT I	NFORMATION				
NAME OF OPERATOR				TELEPHONE NUMBER			
				1)		
FIRM NAME							
÷						•	
MAILING ADDRESS	•		PHYSICAL LOCATION	OF PREMISE	s		
MAILING CITY, STATE, ZIP			PHYSICAL LOCATION	CITY, STATE,	ZIP		
					•		
NAME OF FIRM DEAD ANIM	ALS WILL BE DELIVERED TO			TELEPH	ONE NUMBER		
				()		
		VEHICLE IN	FORMATION				
COMPLETE ADDRESS WHE	RE VEHICLES WILL BE GARA					NUMBER OF VEHI	CLES
·							
VEHICLE #1 YEAR MODEL	VEHICLE #1 MAKE	VEHICLE #1 LICENSE NUMBE	R/STATE	VEHICLE #1 D	ESCRIPTION	<u> </u>	
VEHICLE #2 YEAR MODEL	VEHICLE #2 MAKE	VEHICLE #2 LICENSE NUMBE	VEHICLE #2 DESCRIPTION				
	•						
VEHICLE #3 YEAR MODEL	VEHICLE #3 MAKE	VEHICLE #3 LICENSE NUMBE	HICLE 43 DESCRIPTION (ATTACH ADDITIONAL SHEET IF MORE THAN 3 VEHICLES)				
		COLLECTION TERRIT	ORY INFORMA	TION			17.
CITIES TO BE SERVICED			COUNTIES TO BE SER				
						-	
		APPLICANT CE	RTIFICATION				
I hereby certify that and/or substation o	t animals or animal per place of transfer.	parts will not be unload	ded until deliver enses expire Ju	ed to the une 30 th	rendering pl	lant specified a	above,
SIGNATURE OF APPLICANT	· · · · · · · · · · · · · · · · · · ·		-		SIGNED		
-			•			•	!
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Make check or money order payable to: WSDA

Mail this application with remittance to: Washington State Department of Agriculture

State Veterinarian PO Box 42591

Olympia WA 98504-2591